

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10550005

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							51
2							52							52
3							53							53
4							54							54
5							55							55
6							56							56
7							57							57
8							58							58
9							59							59
10							60							60
11							61							61
12							62							62
13							63							63
14							64							64
15							65							65
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17							67							67
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38							88							88
39							89							89
40							90							90
41							91							91
42							92							92
43							93							93
44							94							94
45							95							95
46							96							96
47							97							97
48							98							98
49							99							99
50							100							100
TOTAL IND.		5												
TOTAL DEP.		18	J	J	J	J								
TOTAL CLAIMS		23												

PTO-1360 (5-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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